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SECRETARY OF STATE

06/25/2010 11:08:44

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Statement of Foreign Entity Authority

filed pursuant to §7-90-301, et seq. and §7-90-803 of the Colorado Revised Statutes (C.R.S.)

ID number (if applicable): _____

1. True name:

Dominion Voting Systems, Inc.

2. Assumed entity name
(if different from True name)

3. Use of Restricted Words (if any of these
terms are contained in an entity name, true
name of an entity, trade name or trademark
stated in this document, mark the applicable
box):

- ☐ "bank" or "trust" or any derivative thereof
☐ "credit union" ☐ "savings and loan"
☐ "insurance", "casualty", "mutual", or "surety"

4. Principal office street address:

215 Spadina Ave., Suite 200

(Street name and number)

Toronto

(City)

(State)

MST 2C7

(Postal/Zip Code)

Ontario

(Province - if applicable)

Canada

(Country - if not US)

Principal office mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City)

(State)

(Postal/Zip Code)

(Province - if applicable)

(Country - if not US)

5. Registered agent: (if an individual):

(Last)

(First)

(Middle)

(Suffix)

OR (if a business organization):

The Corporation Company

6. The person appointed as registered agent in the document has consented to being so appointed.

7. Registered agent street address:

1675 Broadway
(Street name and number)
Suite #1200
Denver CO 80202
(City) (State) (Postal/Zip Code)

8. Registered agent mailing address:
(if different from above)

(Street name and number or Post Office Box information)
CO
(City) (State) (Postal/Zip Code)
(Province - if applicable) (Country - if not US)

9. Form of entity:

Corporation

10. Jurisdiction of formation:

Delaware

11. Date entity commenced (or expects
to commence) transacting business
or conducting activities in Colorado:

06/25/2009
(mm/dd/yyyy)

12. (Optional) Delayed effective date:

(mm/dd/yyyy)

Notice:

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individual(s) causing the document
to be delivered for filing:

Poulos John
(Last) (First) (Middle) (Suffix)
215 Spadina Ave., Suite 200
(Street name and number or Post Office Box information)
Toronto M5T 2C7
(City) (State) (Postal/Zip Code)
Ontario Canada
(Province - if applicable) (Country - if not US)

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ and include an attachment stating the name and address of such individuals.)

Disclaimer:

AUTHORITY

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Rev. 10/15/2008

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